



4845 Pearl East Circle
Suite 300
Boulder, CO 80301
(720) 931-3000, Fax (720) 931-3001

Direct Dial Number:
(720) 931-3012

www.lathropgage.com

2345 Grand Boulevard,
Suite 2800
Kansas City, MO 64108-2612
(816) 292-2000, Fax (816) 292-2001

230 Park Avenue
Suite 1847
New York, NY 10169
(212) 850-6220, Fax (212) 850-6221

314 East High Street
Jefferson City, MO 65101
(573) 893-4336, Fax (573) 893-5398

10851 Mastin Blvd.
Building 82, Suite 1000
Overland Park, KS 66210-1669
(913) 451-5100, Fax (913) 451-0875

1845 S. National
Springfield, MO 65808-4288
(417) 886-2000, Fax (417) 886-9126

1010 Market Street
Suite 1300
St. Louis, MO 63101-2000
(314) 613-2500, Fax (314) 613-2550

1200 G Street, N.W.
Suite 800
Washington, D.C. 20005
(202) 434-8984, Fax (202) 434-8992

November 11, 2005

From: Dan Cleveland, Jr.

Matter No.: 426989

To:	Company:	Fax Number:
Mail Stop Issue Fee Commissioner for Patents	United States Patent and Trademark Office	(571) 273-2885

Number of Pages Transmitted (including this cover sheet): 12

Application Number 10/623,641
Filing Date July 21, 2003
First Named Inventor Per A. Enavoldsen
Art Unit 3677
Examiner Name Ruth C. Rodriguez
Attorney Docket Number 426989

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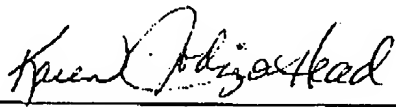
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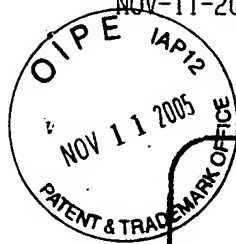
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF TRANSMISSION (37 CFR 1.8)			Atty. Docket No.
Applicant(s): Per A. Enevoldsen			426989
Application No.	Filing Date	Examiner	Group Art Unit
10/623,641	July 21, 2003	Ruth C. Rodriguez	3677
Title: Necklaces and Bracelets With Keepers			
<p>Date of Transmittal: <u>November 11, 2005</u></p> <p>I hereby certify that the following documents:</p> <ol style="list-style-type: none">1. Transmittal Form (1 page)2. Fee Transmittal FY 2005 (1 page, in duplicate)3. Information Disclosure Statement by Applicant (1 page)4. Copy of cited reference (4 pages)5. Statement Accompanying IDS (2 pages)6. Fax Cover Sheet (1 page) <p>are being transmitted via facsimile number 571-273-2885 to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450, on the date indicated above.</p>			
		Karen Jodzio-Head	
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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031
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TRANSMITTAL FORM	Application Number	10/623,641
	Filing Date	July 21, 2003
	First Named Inventor	Per A. Enevoldsen
	Art Unit	3677
	Examiner Name	Rodriguez, Ruth C.
(to be used for all correspondence after initial filing)		
Total Number of Pages In This Submission	12	Attorney Docket Number 426989

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission Fax cover sheet Copy of 1 cited reference Statement Accompanying IDS
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Lathrop & Gage LC		
Signature			
Printed Name	Dan Cleveland, Jr.		
Date	November 11, 2005	Reg. No.	36,106

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Karen Jodzlo-Head	Date	November 11, 2005

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FEE TRANSMITTAL for FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/823,841
TOTAL AMOUNT OF PAYMENT (\$) 180		Filing Date	July 21, 2003
		First Named Inventor	Per A. Enevoldsen
		Examiner Name	Ruth C. Rodriguez
		Art Unit	3677
		Attorney Docket No.	426888

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 12-0600 Deposit Account Name: Lathrop & Gage LC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.18 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee 180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,108	Telephone	720-631-3012
Name (Print/Type)	Dan Cleveland, Jr.			Date	November 11, 2005

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